

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

John Bolton Super PAC

ADDRESS (number and street)

1730 M Street NW

Suite 611

Washington

DC

20036

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00542464

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
07 01 2022

through

M M M / D D D / Y Y Y Y Y Y  
09 30 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Hobbs, Cabell, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Hobbs, Cabell, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
10 15 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

John Bolton Super PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2022

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2022</div></div>		<div>1072659.28</div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div>1407172.02</div>	
(c) Total Receipts (from Line 19) .....	<div>437000.00</div>	<div>1200671.76</div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div>1844172.02</div>	<div>2273331.04</div>
7. Total Disbursements (from Line 31).....	<div>811798.43</div>	<div>1240957.45</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<div>1032373.59</div>	<div>1032373.59</div>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<div>0.00</div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**John Bolton Super PAC**

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
07	/	01	/	2022

To:

M M	/	D D	/	Y Y Y Y
09	/	30	/	2022

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

437000.00

1197948.02

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

437000.00

1197948.02

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

437000.00

1197948.02

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

2697.24

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

26.50

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

437000.00

1200671.76

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

437000.00

1200671.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	311798.43	740957.45
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	311798.43	740957.45
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	500000.00	500000.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	811798.43	1240957.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	811798.43	1240957.45

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	437000.00	1197948.02
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	437000.00	1197948.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	311798.43	740957.45
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	2697.24
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	311798.43	738260.21

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. CALE, CHARLES, GRIFFIN, MR.,**

Mailing Address **46990 W. ELDORADO DRIVE**

City  
**INDIAN WELLS**

State  
**CA**

Zip Code  
**92210-8649**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**SELF-EMPLOYED**

Occupation (for Individual)  
**INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**07 / 06 / 2022**

**Transaction ID : SA11A.219108**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. FRANCO, ALAN, I., MR. ,**

Mailing Address **524 METAIRIE ROAD**

City  
**METAIRIE**

State  
**LA**

Zip Code  
**70005-4308**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**MAGNOLIA MARKETING LLC**

Occupation (for Individual)  
**PARTNER**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**07 / 10 / 2022**

**Transaction ID : SA11A.219112**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MIZEL, LARRY , A., MR.,**

Mailing Address **4350 S. MONACO STREET, 5TH FLOOR**

City  
**DENVER**

State  
**CO**

Zip Code  
**80237-3400**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**M.D.C. HOLDINGS, INC.**

Occupation (for Individual)  
**CHAIRMAN AND C.E.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**07 / 11 / 2022**

**Transaction ID : SA11A.219114**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**15000.00**

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MCINERNEY, THOMAS, E., MR.,**

Mailing Address **2 MANITOU COURT**

City  
**WESTPORT**

State  
**CT**

Zip Code  
**06880-6006**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**BLUFF POINT ASSOC.**

Occupation (for Individual)  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**150000.00**

Date of Receipt

**07 / 12 / 2022**

**Transaction ID : SA11A.219117**

Amount of Each Receipt this Period

**50000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. WALSH, DAVID, , MR.,**

Mailing Address **P.O. BOX 11450**

City  
**JACKSON**

State  
**WY**

Zip Code  
**83002-1450**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**12000.00**

Date of Receipt

**07 / 12 / 2022**

**Transaction ID : SA11A.219118**

Amount of Each Receipt this Period

**6000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. WINCHESTER, JOHN, O., MR.,**

Mailing Address **3094 EAST PINE VALLEY ROAD NORTHWE**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30305-1954**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**07 / 15 / 2022**

**Transaction ID : SA11A.219119**

Amount of Each Receipt this Period

**10000.00**

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**66000.00**

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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(check only one)

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. DUCHOSSOIS, CRAIG, J., MR.,**

Mailing Address **444 WEST LAKE STREET**

City  
**CHICAGO**

State  
**IL**

Zip Code  
**60606-0010**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**THE DUCHOSSOIS GROUP, INC.**

Occupation (for Individual)  
**CEO**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**50000.00**

Date of Receipt

**07 / 18 / 2022**

**Transaction ID : SA11A.219121**

Amount of Each Receipt this Period

**25000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. ALVORD, RICHARD, W., MR.,**

Mailing Address **3601 N WINDERMERE ROAD**

City  
**SEATTLE**

State  
**WA**

Zip Code  
**98105-**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**SELF**

Occupation (for Individual)  
**PRIVATE INVESTOR**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**5000.00**

Date of Receipt

**07 / 19 / 2022**

**Transaction ID : SA11A.219122**

Amount of Each Receipt this Period

**5000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C. MARCUS, BERNARD, , MR.,**

Mailing Address **1266 W. PACES FERRY ROAD, #615**

City  
**ATLANTA**

State  
**GA**

Zip Code  
**30327-2306**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RETIRED**

Occupation (for Individual)  
**RETIRED**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**200000.00**

Date of Receipt

**07 / 19 / 2022**

**Transaction ID : SA11A.219129**

Amount of Each Receipt this Period

**100000.00**

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**130000.00**



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 9 OF 34

(check only one)

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NAME OF COMMITTEE (In Full)

John Bolton Super PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AYRES, CHARLES, , MR.,

Mailing Address 117 E. 72ND STREET

City  
NEW YORK

State  
NY

Zip Code  
10021-4249

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRIATLANTIC

Occupation (for Individual)  
CHAIRMAN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 22 / 2022

Transaction ID : SA11A.219125

Amount of Each Receipt this Period

1000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. SCHALL, BRIAN, , MR.,

Mailing Address 2049 CENTURY PARK EAST  
SUITE 2460

City  
LOS ANGELES

State  
CA

Zip Code  
90067-3126

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
INFORMATION REQUESTED PER BEST EFFORTS

Occupation (for Individual)  
INFORMATION REQUESTED PER BE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
07 / 26 / 2022

Transaction ID : SA11A.219126

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. SCHREIBER, SAMUEL, A., MR.,

Mailing Address 6657 HAMPTON PARK COURT

City  
MCLEAN

State  
VA

Zip Code  
22101-6004

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
TRUSTAR BANK

Occupation (for Individual)  
SENIOR ADVISOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
08 / 03 / 2022

Transaction ID : SA11A.219128

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 OF 34

(check only one)

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NAME OF COMMITTEE (In Full)

John Bolton Super PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AGRAWAL, DURGA, DAS, MR.,

Mailing Address 2921 UNIVERSITY BLVD

City  
HOUSTONState  
TXZip Code  
77005-FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
PIPING TECH AND PRODUCTSOccupation (for Individual)  
BUSINESS EXECUTIVE

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2022

Transaction ID : SA11A.219133

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. CARSON, RUSSELL, , ,

Mailing Address 650 MADISON AVENUE  
26TH FLOORCity  
NEW YORKState  
NYZip Code  
10022-1029FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WELSH, CARSON, ANDERSON, STONEOccupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2022

Transaction ID : SA11A.219134

Amount of Each Receipt this Period

10000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. LANDES, JOSHUA, H., MR.,

Mailing Address 740 WEST 232ND STREET

City  
BRONXState  
NYZip Code  
10463-1010FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
WYNNEFIELD CAPITAL INC.Occupation (for Individual)  
CO-MANAGER

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 05 / 2022

Transaction ID : SA11A.219132

Amount of Each Receipt this Period

2500.00

☐ Memo Item  
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶

17500.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:  
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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

<b>A. GIOIA, ANTHONY, H., HON,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 925 DELAWARE AVENUE APT 7D City BUFFALO State NY Zip Code 14209-1868 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) GIOIA MANAGEMENT Occupation (for Individual) EXECUTIVE Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 20000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 08 / 2022 <b>Transaction ID : SA11A.219135</b> Amount of Each Receipt this Period 10000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>B. DENTON, PETER, R., MR. ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 2660 S OCEAN BLVD UNIT 1035 City PALM BEACH State FL Zip Code 33480-5487 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) DENTON VACUUM Occupation (for Individual) CHAIRMAN OF THE BOARD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2022 <b>Transaction ID : SA11A.219138</b> Amount of Each Receipt this Period 10000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>C. PARLATO, CAROLYN, , MS.,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 1529 CRESTVIEW AVENUE City TALLAHASSEE State FL Zip Code 32303-5815 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 10000.00			Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2022 <b>Transaction ID : SA11A.219137</b> Amount of Each Receipt this Period 10000.00 <input type="checkbox"/> Memo Item CONTRIBUTION
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			30000.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. CHIAPPA, CARL, , MR.,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 15 / 2022 <b>Transaction ID : SA11A.219139</b>	
Mailing Address PO BOX 65 151 HUNT CLUB ROAD City OLD CHATHAM State NY Zip Code 12136-0065		Amount of Each Receipt this Period 15000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) HOGAN LOVELLS US LLP Occupation (for Individual) SENIOR COUNSEL			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 25000.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ALISBERG, ANDREW, DAVID, MR.,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 01 / 2022 <b>Transaction ID : SA11A.219144</b>	
Mailing Address 12 DEWART ROAD City GREENWICH State CT Zip Code 06830-3417		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) ARMILARY PARTNERS Occupation (for Individual) FOUNDER			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2500.00	
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. LOCKE, AIMEE, JEFFERS, MS.,</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 14 / 2022 <b>Transaction ID : SA11A.219147</b>	
Mailing Address 601 CONTOUR DRIVE City SAN ANTONIO State TX Zip Code 78212-1701		Amount of Each Receipt this Period 10000.00	
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item CONTRIBUTION	
Name of Employer (for Individual) RETIRED Occupation (for Individual) RETIRED			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 10000.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		27500.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. BRIDWELL, TUCKER, S., ,**

Mailing Address P.O. BOX 1616

City  
**ABILENE**

State  
**TX**

Zip Code  
**79604-1616**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**MANSEFELDT INVESTMENT CORP**

Occupation (for Individual)  
**C.E.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**09 / 21 / 2022**

**Transaction ID : SA11A.219149**

Amount of Each Receipt this Period

**10000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FALIC, SIMON, , MR.,**

Mailing Address 6100 HOLLYWOOD BLVD., 7TH FLOOR

City

**PEMBROKE PINES**

State

**FL**

Zip Code

**33024-7900**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**DUTY FREE AMERICAS**

Occupation (for Individual)  
**EXECUTIVE**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

**10000.00**

Date of Receipt

**09 / 21 / 2022**

**Transaction ID : SA11A.219150**

Amount of Each Receipt this Period

**10000.00**

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. CATSIMATIDIS, JOHN, , MR.,**

Mailing Address 817 5TH AVENUE  
FLOOR 10D

City

**NEW YORK**

State

**NY**

Zip Code

**10065-7280**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
**RED APPLE GROUP**

Occupation (for Individual)  
**PRESIDENT & C.E.O.**

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

**25000.00**

Date of Receipt

**09 / 30 / 2022**

**Transaction ID : SA11A.219154**

Amount of Each Receipt this Period

**25000.00**

☐ Memo Item  
CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

**45000.00**

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 34  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)  
**John Bolton Super PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. MARCUS, BERNARD, , MR.,**

Mailing Address 1266 W. PACES FERRY ROAD, #615

City  
ATLANTA

State  
GA

Zip Code  
30327-2306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 30 / 2022

Transaction ID : SA11A.219155

Amount of Each Receipt this Period

100000.00

☐ Memo Item  
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

100000.00

437000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.8**

Amount of Each Disbursement this Period

1064.48

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	1			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.48**

Amount of Each Disbursement this Period

4166.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Mailing Address 1593 SPRING HILL ROAD, STE. 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			0	5			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.45**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5731.15

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CONNELL DONATELLI INC**

Mailing Address PO BOX 1877

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
DIGITAL FUNDRAISING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2022

FEC Identification Number

**C****Transaction ID : SB.53**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2022

FEC Identification Number

**C****Transaction ID : SB.58**

Amount of Each Disbursement this Period

80.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		13		2022

FEC Identification Number

**C****Transaction ID : SB.39**

Amount of Each Disbursement this Period

455.44

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4035.44



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.34**

Amount of Each Disbursement this Period

2221.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.35**

Amount of Each Disbursement this Period

3810.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	5			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.36**

Amount of Each Disbursement this Period

4827.53

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10859.18

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		15		2022

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB.7**

Amount of Each Disbursement this Period

6259.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PEM MANAGEMENT COMPANY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		22		2022

Mailing Address 8305 FALLS OF NEUSE ROAD

City  
RALEIGHState  
NCZip Code  
27615Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB.61**

Amount of Each Disbursement this Period

36000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLLOWAY CONSULTING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		24		2022

Mailing Address 1530 WILSON BLVD STE 440

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING SERVICES

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

FEC Identification Number

C

**Transaction ID : SB.55**

Amount of Each Disbursement this Period

2774.85

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

45034.75

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. TRUIST - VISA**

Mailing Address PO BOX 580340

City  
CHARLOTTEState  
NCZip Code  
28258Purpose of Disbursement  
CREDIT CARD PAYMENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		25		2022

FEC Identification Number

C

Transaction ID : SB.66

Amount of Each Disbursement this Period

474.33

NO ITEMIZATION REQUIRED

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CESC 1730 M STREET LLC**

Mailing Address PO BOX 642773

City  
PITTSBURGHState  
PAZip Code  
15264Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		28		2022

FEC Identification Number

C

Transaction ID : SB.42

Amount of Each Disbursement this Period

8549.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2022

FEC Identification Number

C

Transaction ID : SB.18

Amount of Each Disbursement this Period

2221.22

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

11245.09

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2022

FEC Identification Number

**C****Transaction ID : SB.19**

Amount of Each Disbursement this Period

3810.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2022

FEC Identification Number

**C****Transaction ID : SB.20**

Amount of Each Disbursement this Period

4827.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		29		2022

FEC Identification Number

**C****Transaction ID : SB.3**

Amount of Each Disbursement this Period

6259.88

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14897.84

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	1			2	0	2	2		

FEC Identification Number

C

**Transaction ID : SB.49**

Amount of Each Disbursement this Period

4166.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. PEM MANAGEMENT COMPANY**

Mailing Address 8305 FALLS OF NEUSE ROAD

City  
RALEIGHState  
NCZip Code  
27615Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	2			2	0	2	2		

FEC Identification Number

C

**Transaction ID : SB.62**

Amount of Each Disbursement this Period

36000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			0	5			2	0	2	2		

FEC Identification Number

C

**Transaction ID : SB.59**

Amount of Each Disbursement this Period

85.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40251.67

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2022

FEC Identification Number

**C****Transaction ID : SB.14**

Amount of Each Disbursement this Period

2221.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2022

FEC Identification Number

**C****Transaction ID : SB.15**

Amount of Each Disbursement this Period

3848.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2022

FEC Identification Number

**C****Transaction ID : SB.16**

Amount of Each Disbursement this Period

4789.57

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

10859.18

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		12		2022

FEC Identification Number

C

**Transaction ID : SB.2**

Amount of Each Disbursement this Period

6259.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2022

FEC Identification Number

C

**Transaction ID : SB.10**

Amount of Each Disbursement this Period

2259.17

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		19		2022

FEC Identification Number

C

**Transaction ID : SB.11**

Amount of Each Disbursement this Period

3810.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12329.47

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2022

FEC Identification Number

C

Transaction ID : SB.12

Amount of Each Disbursement this Period

4789.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCH

State  
VA

Zip Code  
22042

Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2022

FEC Identification Number

C

Transaction ID : SB.1

Amount of Each Disbursement this Period

122.79

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2022

FEC Identification Number

C

Transaction ID : SB.30

Amount of Each Disbursement this Period

2221.22

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7133.58



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2022

FEC Identification Number

**C****Transaction ID : SB.31**

Amount of Each Disbursement this Period

3810.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. TINSLEY, SARAH, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2022

FEC Identification Number

**C****Transaction ID : SB.32**

Amount of Each Disbursement this Period

4827.53

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		26		2022

FEC Identification Number

**C****Transaction ID : SB.6**

Amount of Each Disbursement this Period

6259.89

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

14897.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 26 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2022

Mailing Address 1593 SPRING HILL ROAD, STE. 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : SB.46**

Amount of Each Disbursement this Period

500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CONNELL DONATELLI INC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2022

Mailing Address PO BOX 1877

City  
ALEXANDRIAState  
VAZip Code  
22313Purpose of Disbursement  
DIGITAL FUNDRAISING

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : SB.54**

Amount of Each Disbursement this Period

3500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. HOLLOWAY CONSULTING, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		28		2022

Mailing Address 1530 WILSON BLVD STE 440

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING SERVICES

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : SB.56**

Amount of Each Disbursement this Period

23089.13

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

27089.13

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

John Bolton Super PAC

Full Name (Last, First, Middle Initial)

**A. CESC 1730 M STREET LLC**

Mailing Address PO BOX 642773

City  
PITTSBURGHState  
PAZip Code  
15264Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		29		2022

FEC Identification Number

C

Transaction ID : SB.43

Amount of Each Disbursement this Period

8549.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2022

FEC Identification Number

C

Transaction ID : SB.50

Amount of Each Disbursement this Period

4166.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2022

FEC Identification Number

C

Transaction ID : SB.40

Amount of Each Disbursement this Period

162.85

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

12879.06

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 28 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. INTUIT**

Mailing Address 2700 COAST AVENUE

City  
MOUNTAIN VIEWState  
CAZip Code  
94043Purpose of Disbursement  
SOFTWARE SUBSCRIPTION

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	5			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.60**

Amount of Each Disbursement this Period

85.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.22**

Amount of Each Disbursement this Period

2259.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			0	9			2	0	2	2		

FEC Identification Number

**C****Transaction ID : SB.23**

Amount of Each Disbursement this Period

3810.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6154.62

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. TINSLEY, SARAH, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2022

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.24

Amount of Each Disbursement this Period

4789.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		09		2022

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.4

Amount of Each Disbursement this Period

6259.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ANEDOT**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		16		2022

Mailing Address 1920 MCKINNEY AVE 7TH FLOOR

City  
DALLASState  
TXZip Code  
75201Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB.38

Amount of Each Disbursement this Period

2983.10

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

14032.55

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 OF 34

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

## **A. TORCHLIGHT ENTERPRISES**

Mailing Address 1723 CHESTERFORD WAY

City  
MCLEAN

State  
VA

Zip Code  
22101

Purpose of Disbursement  
SURVEY RESEARCH

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 16 / 2022

FEC Identification Number

C

**Transaction ID : SB.64**

Amount of Each Disbursement this Period

29500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. FLAVIN, KATHLEEN, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 23 / 2022

FEC Identification Number

C

**Transaction ID : SB.26**

Amount of Each Disbursement this Period

2221.22

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. SAMUELIAN, CHRISTINE, , ,**

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 23 / 2022

FEC Identification Number

C

**Transaction ID : SB.27**

Amount of Each Disbursement this Period

3848.38

☐ Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35569.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 31 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. TINSLEY, SARAH, , ,**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

Mailing Address 1730 M STREET NW STE 611

City  
WASHINGTONState  
DCZip Code  
20036Purpose of Disbursement  
PAYROLL

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB.28**

Amount of Each Disbursement this Period

4789.57

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ADP**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB.5**

Amount of Each Disbursement this Period

6259.88

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CMDI**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

Mailing Address 1593 SPRING HILL ROAD, STE. 400

City  
TYSONS CORNERState  
VAZip Code  
22182Purpose of Disbursement  
DATA MANAGEMENT SERVICES

Candidate Name

Category/  
Type
Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : SB.47**

Amount of Each Disbursement this Period

500.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

11549.45

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 32 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**John Bolton Super PAC**

Full Name (Last, First, Middle Initial)

**A. HOLLOWAY CONSULTING, INC.**

Mailing Address 1530 WILSON BLVD STE 440

City  
ARLINGTONState  
VAZip Code  
22209Purpose of Disbursement  
FUNDRAISING SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		23		2022

FEC Identification Number

**C****Transaction ID : SB.57**

Amount of Each Disbursement this Period

9237.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. CESC 1730 M STREET LLC**

Mailing Address PO BOX 642773

City  
PITTSBURGHState  
PAZip Code  
15264Purpose of Disbursement  
RENT

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2022

FEC Identification Number

**C****Transaction ID : SB.44**

Amount of Each Disbursement this Period

8549.54

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 6402 ARLINGTON BLVD

City  
FALLS CHURCHState  
VAZip Code  
22042Purpose of Disbursement  
PAYROLL SERVICES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		30		2022

FEC Identification Number

**C****Transaction ID : SB.37**

Amount of Each Disbursement this Period

698.78

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

18485.92



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 34

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

John Bolton Super PAC

Full Name (Last, First, Middle Initial)

**A. CAMPAIGN SOLUTIONS**

Mailing Address 117 N SAINT ASAPH STREET

City  
ALEXANDRIAState  
VAZip Code  
22314Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.41

Amount of Each Disbursement this Period

300.35

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. COMPLIANCE CONSULTING LLC**

Mailing Address PO BOX 365

City  
MCLEANState  
VAZip Code  
22101Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9			3	0			2	0	2	2		

FEC Identification Number

C

Transaction ID : SB.51

Amount of Each Disbursement this Period

4166.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

4467.02

TOTAL This Period (last page this line number only).....▶

307502.55

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 34 OF 34  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>John Bolton Super PAC</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00542464		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report			New report Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Full Name of Payee <b>CONNELL DONATELLI INC</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 22 / 2022		
Mailing Address PO BOX 1877			Amount <span style="border: 1px solid black; padding: 2px;">500000.00</span>		
City ALEXANDRIA	State VA	Zip Code 22313	Transaction ID : <b>SE24.1320</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 24 / 2022		
Purpose of Expenditure DIGITAL MEDIA			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: CORTEZ MASTO, CATHERINE, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NV		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">500000.00</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Mailing Address			Amount <span style="border: 1px solid black; padding: 2px;"></span>		
City	State	Zip Code	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>		
Purpose of Expenditure			Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;"></span>			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">500000.00</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures .....			<span style="border: 1px solid black; padding: 2px;">500000.00</span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature  HOBBS, CABELL, , ,			Date <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 23 / 2022		
[Electronically Filed]					